



Internal Substance Abuse Program (ISAP) Quarterly Newsletter

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SITE COORDINATOR Q & A

ANNOUNCEMENT:

The Internal Substance Abuse Program can be found on the web at:

<http://www.faa.gov/avr/aam/isap>

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Question: Should a Site Coordinator always be present?

Answer: Yes, due to the complexity and sensitivity associated with random testing, it is of the utmost importance to have a supervisor or management official present at the test facility during a drug or alcohol collection. The Drug Program Coordinator (DPC) should ensure, without comprising the confidentiality of the testing event, that a manager or supervisor will be present at the test facility during collection or testing. In the event the chosen management official is scheduled to be away from the facility during testing, on leave, etc., the DPC should make every effort to schedule another management official to be present. Locations having no on-site supervisor, such as small isolated facilities, should not be treated any differently. Arrangements should be made in advance of testing to have the off-site supervisor or another management official present on the day of testing.

In the unlikely event that no management official can be present at a facility during testing, the testing will be rescheduled. The DPC will reschedule the collection with the contract collector's office and facility management.

QUESTIONS AND ANSWERS ON THE NEW FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM (CCF)

Question: When is the last day the current drug Federal CCF can be used?

Answer: OMB is permitting the current Federal CCF to be used until supplies are exhausted or July 31, 2001, whichever comes first. After July 31, 2001, all old CCF forms should be discarded.

Question: Where can a new Federal CCF be viewed?

Answer: A sample of the new Federal CCF is available on the U.S. Department of Health and Human Services' SAMHSA website, www.health.org:80/workplace, an electronic "pdf" file that can be opened and printed.

Question: What statements must appear on the back of each copy of the new Federal CCF?

Answer: (1) Instructions for Completing the Federal Drug Testing Custody and Control Form must be printed on the back of the employee's copy of the CCF. (2) Privacy Act Statement (For Federal Employees Only) must be printed on the back of the employees' copy of the CCF. (3) The Paperwork Reduction Act Notice (as required by 5 CFR 1320.21) must be printed on the back of all copies of the CCF.

Question: What happens if I refuse to sign the CCF?

Answer: Signing the drug testing CCF is an important employee safeguard in the collection procedure; however, refusal to sign the CCF in itself is not grounds for disciplinary action. In the case of an employee's refusal to sign the form, the collector will note such refusal on the form and continue the collection procedure.

Question: How many copies does the new Federal CCF have?

Answer: The new Federal CCF consists of 5 copies: **Copy 1.** Laboratory Copy, **Copy 2.** Medical Review Officer Copy, **Copy 3.** Collector Copy, **Copy 4.** Employer Copy, and **Copy 5.** Donor Copy.

SIGNIFICANT CHANGES ON THE FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM (CCF)

All urine specimens must be collected using chain-of-custody procedures to document the integrity and security of the specimen from the time of collection until receipt by the laboratory. To ensure uniformity among all Federal agency and federally regulated workplace drug-testing programs, the use of an OMB approved Federal CCF is Required. Based on the experiences of using the current Federal CCF for the past several years, SAMHSA and DOT initiated a joint effort to develop a new Federal CCF that was easier to use and more accurately reflected both the collection process and how results are reported by the drug testing laboratories. This revision effort included two public meetings attended by over 35 industry representatives who recommended most of the changes to the current Federal CCF. As a result of these two meetings, SAMHSA published a proposed revised Federal CCF In a *Federal Register* notice (64 FR 61916; November 15, 1999).

The first change makes the Federal CCF's laboratory copy to a six-part form. The old CCF's split specimen copy is incorporated into the new laboratory copy. Since the split specimen copy is used only when a split specimen is tested (i.e., less than 5 percent of split specimens are tested), it is more efficient to have the split specimen test result reported on the laboratory copy (Copy 1). The move of split specimen information to the laboratory copy ensures the Medical Review Officer's (MRO) data for both the primary and split specimen is recorded on the same copy. In addition, eliminating the split specimen copy helps make any handwritten information appear more legible on the later copies.

The second change moves the specimen bottle seals and labels from the right side of the form to the bottom of Copy 1. This change would permits overprinting information on the form using standard width tractor feed printers rather than requiring more expensive wide carriage printers. In addition, the storage and handling requirements is standardized with documents since the overall size of the new Federal CCF (including the tractor feed strips) is essentially the same as a standard sheet of paper.

The third change simplifies the chain-of-custody step by requiring the collector to only sign the form once. SAMHSA and DOT believe the current requirement for the collector to sign the form three times can be replaced with one signature because the certification statement signed by the collector clearly describes that the collector has possession of the specimen from the time the collector receives the specimen from the donor until the collector releases the specimen for shipment to the laboratory.

The fourth change increases the choices of terms that a laboratory can use to report specimen test results. The current form uses the term "Test Not Performed" to report any result other than a negative or positive result. In fact, this term does not always reflect the actual handling of the specimen. SAMHSA and DOT believe it is more appropriate to provide a variety of terms on the Federal CCF that accurately reflect the different specimen test results that a laboratory may report, such as, invalid result, adulterated, substituted, or rejected for testing.